

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		9/28/01
O.I.P.E. CLASSIFIER		12	10/12/01
FORMALITY REVIEW	BH	506	10/24/01

Response

1019

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	11/02
2	11/03
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

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10/12/01